



2132
#8
4-29-03
JMA

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/589,427
	Filing Date	June 7, 2000
	First Named Inventor	Yechiam YEMINI
	Group Art Unit	2132
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	18704-009

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) Sheet (s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO-1449 with cited references
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	RECEIVED APR 25 2003 Technology Center 2100
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Proskauer Rose LLP 1585 Broadway New York, New York 10036 Tel. 212.969.3000	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Tzvi Hirshaut, Reg. No. 38,732 Proskauer Rose LLP
Signature	<i>Tzvi Hirshaut</i>
Date	Apr 21, 2003

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Apr 21, 2003		
Typed or printed name	Alexander Migirov	
Signature		Date Apr 21, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND IN OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Attorney Docket No.: 18704-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re:	U.S. Patent	:	
	Application of	:	Yechiam YEMINI, et al.
	Entitled	:	IDENTIFICATION OF AN
			ATTACKER IN AN ELECTRONIC
			SYSTEM
	Serial No.	:	09/589,427
	Filing Date	:	June 7, 2000

**SUPPLEMENTAL
INFORMATION
DISCLOSURE
STATEMENT**

Assistant Commissioner for Patents
Washington, D.C. 20231

RECEIVED

APR 25 2003

Technology Center 2100

Sir:

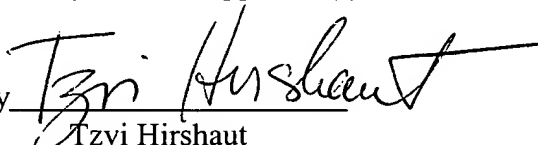
Pursuant to 37 C.F.R. § 1.56, Applicants submit herewith a PTO-1449 form and copies of the references listed thereon.

It is requested that the references cited in the accompanying PTO-1449 form be considered herein. This Supplemental Information Disclosure Statement is filed before the issuance of the first Office Action on the merits. Therefore, no fee is due. If any fee is due, the Commissioner is hereby authorized to charge this fee to the Deposit Account 16-2500.

Respectfully submitted,
PROSKAUER ROSE LLP
Attorneys for the Applicant(s)

Date: April 21, 2003

PROSKAUER ROSE LLP
1585 Broadway
New York, NY 10036
Tel: (212) 969-3000

By 
Tzvi Hirshaut
Reg. No. 38,732

Enclosures: PTO-1449 Form w/ references